

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959 *200*

'59 0 4 4 7 3 0

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *212*

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Elmer</i>	Length of stay in 1b	c. CITY OR TOWN <i>Elmer</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Steven</i> Middle <i>S.</i> Last <i>Buck</i>			4. DATE OF DEATH Month <i>December</i> Day <i>4</i> Year <i>1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Sep 29 1872</i>	9. AGE (last birthday) <i>87</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>5</i> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Painter</i>	11. BIRTHPLACE (City and state or country) <i>Macon County Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>John Buck</i>		13b. MOTHER'S MAIDEN NAME <i>Rhoda Neusta Dowd</i>		14. NAME OF HUSBAND OR WIFE <i>Francis Pearl Buck</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT Address <i>George W. Buck Elmer Mo</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>Fast.</i>
IMMEDIATE CAUSE (a) <i>Brain Damage</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>22 cal Bullett</i>	
DUE TO (c) <i>Suicide.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <i>7:30</i> a.m.	Month, Day, Year <i>12/4/59</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ *7-30 A* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Lester Hutton Coroner</i>		22b. ADDRESS <i>Macon, Mo.</i>		22c. DATE SIGNED <i>12/6/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec 6 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elmer</i>	23d. LOCATION (City, town, or county) <i>Elmer Macon Co. Mo</i>		
24. FUNERAL DIRECTOR <i>W.H. McCollum</i>		ADDRESS <i>South Gifford Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12/12/59</i>	26. REGISTRAR'S SIGNATURE <i>Will Muealy</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.